



PROPOSED EXPENDITURES

CAPITAL COSTS:

Dollars

(fill in every line even if the amount is "0")

Description

- | | |
|----------------------------------------------------------|-----------------|
| 1. New Construction Costs | \$ _____ |
| 2. Renovation Costs | _____ |
| 3. Architectural/Engineering Fees | _____ |
| 4. Equipment (not in construction contract) | _____ |
| 5. Land Acquisition Costs | _____ |
| 6. Consultants' Fees/Legal Fees | _____ |
| 7. Interest During Construction (net of interest earned) | _____ |
| 8. Other Costs | ===== |
| 9. Total Capital Costs (sum of #1 thru # 8) | \$ _____ |

MEDICAL EQUIPMENT COSTS:

Dollars

(fill in every line even if the amount is "0")

Description

- | | |
|----------------------------------------------------------------|-----------------|
| 10. Equipment (fixed and movable) | \$ _____ |
| 11. Shielding (if not included in equipment bid quote) | _____ |
| 12. Installation (if not included in equipment bid quote) | _____ |
| 13. Software (if not included in equipment bid quote) | _____ |
| 14. Other | ===== |
| 15. Total Medical Equipment Costs (sum of #10 thru #14) | \$ _____ |